

# Benefit Services Division P.O. Box 942711 Sacramento, CA 94229-2711 (888) CalPERS (225-7377) TDD - (916) 795-3240; FAX (916) 795-3933

Reply To: Section 415 Refer To: SSA#

Date

Member's Name Member's Address City, State and Zip Code

Dear Member:

## **CONGRATULATIONS ON YOUR RETIREMENT!**

# PLEASE RETAIN BENEFIT APPROVAL LETTER FOR INCOME TAX PURPOSES

### YOUR SERVICE RETIREMENT ALLOWANCE:

Your election to receive the Option 2W Allowance has been processed.

Your monthly benefit is \$2,000.00\* based on your retirement date of September 1, 2004. Your first regular warrant will arrive on or shortly after October 1, 2004 and will cover the period of September 1, 2004 through September 30, 2004. Your future retirement warrants will be mailed to arrive on or shortly after the first of the month following the month to which they apply.

Please endorse and cash or deposit each warrant promptly. Unless direct bank mailing is authorized, your personal endorsement is required.

Your retirement allowance shown above is an approximation of the amount you are eligible to receive. An adjustment to your account, if needed, to reflect an increase in service (i.e. sick leave service credit, Golden Handshake service credit, etc.), a change in retirement date, or change in salary will be completed after final payroll information has been received. Any questions concerning an adjustment or pertaining to your future retirement benefits should be directed to the Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716 or by telephoning toll free (888) CalPERS (225-7377).

### **BENEFICIARY/SURVIVOR ALLOWANCE:**

Upon your death, benefits will be paid to your beneficiary in accordance with the designation indicated on your retirement election document. If you elected a benefit which requires marriage, domestic partner and/or birth documentation and you have not PERS-BSD-11-W (11/1/96)

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submitted these documents, please send them immediately to the Benefit Services Division. If the documents are not in file at the time of your death, it may be necessary to delay payment of benefits to your beneficiary.

\* This amount includes 200.000 days credited to your account for unused sick leave.

# **INCOME TAX INFORMATION:**

The following information regarding your contributions will assist you in the determination of the taxability of your benefit.

	<u>Total</u>			
	Contributions		<u>Taxed</u>	Non-taxed
	and Interest	<u>Interest</u>	<b>Contributions</b>	<b>Contributions</b>
CONTRIBUTIONS	\$82,325.00	\$45,000.00	\$7,700.00	\$29,625.00
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The staff of the Public Employees' Retirement System hope that your transition into retirement has been a pleasant experience. We look forward to assisting you in the future.

Retirement Eligibility and Payment Section

Enclosure